

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Nelson L. Bruce,	COURT CASE NUMBER 2:22-cv-02211-BHH-MGB
DEFENDANT PENTAGON FEDERAL CREDIT UNION et al.	TYPE OF PROCESS Civil

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
PENTAGON FEDERAL CREDIT UNION, PENTAGON FEDERAL CREDIT UNION FOUNDATION (PENFED)  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
2930 Eisenhower Avenue, Alexandria, Virginia 22313

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Nelson L. Bruce  
c/o P.O. Box 3345  
Summerville, South Carolina 29484

Number of process to be served with this Form 285 4

Number of parties to be served in this case 4

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Contact information number: (724) 473-6333  
Monday - Friday: 7:00 am to 11:00 pm Eastern Time  
Saturday: 8:00 am to 11:00 pm Eastern Time  
Sunday: 9:00 am to 5:30 pm Eastern Time

Signature of Attorney or other Originator requesting service on behalf of:

*Nelson L. Bruce*

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

843-437-7901

DATE

9-2-2022

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 (if more than one USM 285 is submitted))	Total Process 1	District of Origin No. 071	District to Serve No. C83	Signature of Authorized USM Deputy or Clerk <i>Judy Spang</i>	Date 9/12/2022
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

*Michael Creed*

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date  
9/19/22 Time  
4:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy  
*[Signature]*

Service Fee \$65.00	Total Mileage Charges (including endeavors) \$0.69	Forwarding Fee 8.00	Total Charges \$73.69	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS FWD TO E/ra for p/s.

INSTRUCTIONS

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev 11/13